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## **FACSIMILE TRANSMITTAL**

**Date:** July 29, 2005

To: Name/Company	Fax No.	Phone No.
Examiner S. Rao United States Patent & Trademark Office	571-273-1718	571-272-1718

**From:** Valerie Hayes  
**Phone:** (202) 496-7564  
**Re:** Supplemental Amendment Response  
U.S. Patent Application No. 09/940,544

*P. Parker*  
*07/29/05*

**Number of Pages (including cover):**

### **COMMENTS**

Examiner Rao,

Please find attached a complimentary copy of our Supplemental Amendment Response submitted today 07/29/05.

Thank You

#### **Confidentiality Notice:**

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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/940,544	
	Filing Date	August 29, 2001	
	First Named Inventor	Joun-Ho Lee	
	Art Unit	2814	
	Examiner Name	S. H. Rao	
Total Number of Pages in This Submission	1	Attorney Docket Number	8733.497.00

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Amendment Transmittal  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Supplemental Amendment Response  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	MCKENNA LONG & ALDRIDGE LLP Valerie P. Hayes; Reg No. 53,005
Signature	<i>Valerie P. Hayes</i>
Date	July 29, 2005

DC:50345790.1

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 8733.497.00-US	
Application No. 09/940,544	Filing Date August 29, 2001	Examiner S. H. Rao	Art Unit 2814		
Applicant(s): Joun-Ho Lee					
Invention: IN PLANE SWITCHING MODE LIQUID CRYSTAL DISPLAY DEVICE AND METHOD FOR MANUFACTURING THE SAME					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 26 =		x	0.00
Independent Claims	2	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0911</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>Valerie Hayes</u> Valerie Hayes Attorney Reg. No.: 53,005  MCKENNA LONG & ALDRIDGE LLP 1900 K Street, N.W. Washington, DC 20006 (202) 496-7564				Dated: <u>July 29, 2005</u>	

DC:50345789.1